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**TO:** Examiner: Jared Fureman

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**FROM:** John D. Magluyan

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**RE:** U.S. Application No. 10/657,234  
 Attorney Docket No. 00169.001469.3

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**FAX NO.:** (571) 273-8300

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**DATE:** August 23, 2005                    **NO. OF PAGES:** 10  
*(including cover page)*

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**TIME:** 5:02 p.m.                            **SENT BY:** Gina Marie

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**MESSAGE**

Attached are the following papers for the above-identified application:

1. Response To Office Action;
2. Transmittal for Response To Office Action; and
3. Copy of page 2 of Amendment dated September 7, 2004.

I hereby certify that this correspondence is being facsimile transmitted to  
 the U.S. Patent and Trademark Office on:

August 23, 2005  
 (Date of Deposit)

John D. Magluyan, Reg. No. 56,867  
 (Name of Attorney for Applicant)

  
 Signature

August 23, 2005  
 Date of Signature

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00169.001469.3

**PATENT APPLICATION**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: )  
SEPO REINO KERONEN, et al. )  
Application No.: 10/657,234 )  
Filed: September 9, 2003 )  
For: A USER PROGRAMMABLE )  
SMART CARD INTERFACE )  
SYSTEM )  
) :  
Examiner: Jared Fureman  
Group Art Unit: 2876  
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August 23, 2005

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## **RESPONSE TO OFFICE ACTION**

Sir:

This filing is in response to the Office Action dated May 23, 2005.

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on:

August 23, 2005  
(Date of Deposit)

John D. Magluyan, Reg. No.56,867  
(Name of Attorney for Applicant)

  
John A. May Jr.  
Signature

August 23, 2005  
Date of Signature

In re Application of:

Docket No. 00169.001469.3

SEPPO REINO KERONEN, et al.

Application No.: 10/657,234

Examiner: Jared Fureman

Filed: September 9, 2003

Group Art Unit: 2876

For: A USER PROGRAMMABLE SMART  
CARD INTERFACE SYSTEM

Date: August 23, 2005

Mail Stop Amendment  
 THE COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Response To Office Action in the above-identified application.

 No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 50	MINUS	** 50	= 0	x \$25 \$50	\$0
INDEP. CLAIMS	* 14	MINUS	*** 14	= 0	x \$100 \$200	\$0
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- Verified Statement claiming small entity status is enclosed, if not filed previously.
- A check in the amount of \$ \_\_\_\_\_ is enclosed.
- Charge \$ \_\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- A check in the amount of \$ \_\_\_\_\_ to cover the fee for a \_\_\_\_\_ month extension is enclosed.
- A check in the amount of \$ \_\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.
- Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

  
John D. Maghuyan  
Attorney for Applicants  
Registration No.: 56,867

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Form #120

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